DOCUMENT RESUME

ED 137 467 UD 016 855

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TITLE Bridge to School Program; School Year 1974-1975.
INSTITUTION New York City Board of Education, Brooklyn, N.Y. Office of Educational Evaluation.
PUB DATE 75
NOTE 15p.; New York City Board of Education Function No. 09-59604

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Early Childhood Education; Handicapped Children; *Handicapped Students; Individualized Instruction; Learning Difficulties; *Learning Disabilities; Primary Education; Primary Grades; Reading Readiness; *Remedial Instruction; Remedial Programs; *Remedial Reading Programs; *Special Education
IDENTIFIERS *Elementary Secondary Education Act Title I; ESEA Title I

ABSTRACT

This report is an evaluation of a New York City school district educational project funded under Title 1 of the Elementary and Secondary Education Act of 1965. The program was designed to supplement an ongoing early childhood readiness program and to provide individualized instruction in reading and math to a select group of learning disabled children between the ages of 5 and 7. In total, 154 children participated in the program. The instruction, under the supervision of a teacher- coordinator, involved 7 specially selected teachers, trained in learning disabilities and special education, utilizing a combination of teacher-created and commercial learning materials at 16 designated sites which included hospital work areas and clinics as well as special classrooms within schools. Using the "Psychoeducational Evaluation of the Pre-School Child" (Jedrysek, Klapper, Pope and Wortis), as an evaluation instrument, the evaluation attempted to determine whether improvement of the children in various developmental areas would show a statistically significant difference between pre and post test scores. These areas included physical functioning and sensory status; perceptual functioning; competence in learning for short term retention; language competence; and cognitive functioning. The test results were statistically significant indicating the success of the program. (Author/BS)

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ED137467

EVALUATION REPORT

Function No. 09-59604

BRIDGE TO SCHOOL PROGRAM

School Year 1974-1975

Dr. Charles R. Laudor

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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UD016855

An evaluation of a New York City School district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10) performed for the Board of Education of the City of New York for the 1974-75 school year.

Dr. Anthony J. Polemeni, Director

BOARD OF EDUCATION OF THE CITY OF NEW YORK
OFFICE OF EDUCATIONAL EVALUATION
110 LIVINGSTON STREET, BROOKLYN, N. Y. 11201

Section I. Program

The Bridge To School Program was designed as a new component to supplement and extend the scope of an ongoing early childhood developmental program, the "Readiness Program" which has been in existence for a number of years. The Bridge To School Program provided individualized attention and instruction to a specially selected group of learning disabled children between the ages of 5 and 7 in order to develop their reading and mathematical skills. In total, 154 children who had been evaluated by special clinical medical-educational teams and cited as having high potential to benefit from the individualized instruction were served by this Program. The instruction, under the direct supervision of a teacher-coordinator, involved 7 specially selected teachers trained in learning disabilities and special education at 16 designated sites. There were 7 teachers assigned to the project and one teacher-coordinator.

Children already in the "Readiness Program", more accurately titled "The Readiness Program for Disadvantaged Young Children with Severe Learning Disabilities", participated because they had been identified as performing below age-level competency in one or more of several specific developmental area . Admission into the Bridge To School Program utilized additional criteria including The Psychoeducational Evaluation of the Pre-School Child (Jedrysek, Klapper, Pope and Wortis) which, together with other tests, team evaluation and teacher observation served as a basis for selection into the Bridge To School Program. Bridge To School Program participants

demonstrated to special hospital-based or agency medical-educational teams an inherent capacity to progress in academic areas if the children were approached on an individualized basis. Through a series of conferences with school personnel, parents and, particularly, the joint medical evaluative teams which incorporated such specialists as psychiatrists, neuro-surgeons, psychologists, speech and hearing therapists, social workers and learning-disabled education specialists, participating children received a diagnostic evaluation which served as a basis for a cooperative and flexible individualized program of instruction. This personalized instruction was designed to supplement the special group classroom instruction already underway using carefully selected learning materials in order to foster individual development. Basic components of the aforementioned "Readiness Program" which were incorporated into the Bridge To School Program for these Title I 5 to 7 year-olds included

1) the identification and diagnosis of learning disabled children with major general and specific learning disabilities

2) the provision of a special classroom environment for the appropriately diagnosed and classified children

3) the participation and assistance of parents to help them understand the problems of their children and to indicate to them appropriate reenforcement at home of school-based learning procedures

4) a supportive policy to ease the transfer and admittance of the children into non-Program public and private educational facilities

as their progress warrants.

5) facilitation for a follow-up procedure on this transition by providing via detailed individual student files and records of successful methodology a historical record of developmental progress.

In the Bridge To School Program component, the 154 children were taught both individually and in groups of two or three stressing the individual goals set for each child in consultation with the aforementioned clinical medical evaluative teams. The children were taught by the 7 Title I teachers assigned to this Program, each of whom was chosen for training and skills in the areas of early childhood and special education. The teachers served at a number of sites, usually two of the 16 places which varied from specially designated classrooms within elementary schools to allotted work areas in hospitals, clinics or rented quarters in proximity to hospitals where optimum learning conditions could be facilitated. The variety of agencies and hospitals which assisted in promulgating this Program is included as an appendix to this report.

The Bridge To School Program ran the school year, from September 1, 1974 to June 30,1975, utilizing both teacher-made and commercial materials in the supplementary instruction the Bridge Program children received when they left the regular classroom for their twice-weekly supplementary instruction. Among the materials noted were the Peabody Language Kit, Tape Recorders and Phonographs for audiovisual group activities; numbers cards, stories, pictures, Frostig materials and Stern readiness workbooks for individual reading development and such materials as the

Nuffield math materials, number stories, size and shape materials, counting problems and multi-sensory materials for mathematical skills improvement.

Section II. Evaluative Procedures

Using the previously noted test, The Psychoeducational Evaluation of the Pre-School Child as the evaluation instrument, administered when the child was admitted to the program and again at the end of participation, the evaluation procedure attempted to determine whether improvement of the children in various developmental skills would show a statistically significant difference between pretest inventory scalings and post-inventory scalings. The data compiled were then summarized, and a Chi Square test of improvement in the various developmental areas was obtained. In addition, the evaluation incorporates commentary as to the extent to which the program as carried out coincided with the program described in the initial project proposal since a series of 32 on-site visits was part of the evaluation procedure.

Section III. Findings

From the data collected, using the test cited above, the following Chi Squares were obtained for the various developmental components as noted. All of the data refers to the population of 154 children in the Bridge Program.

In Area I, Physical Functioning and Sensory Status, the test result was 33.84. Since at a p of .05, with 1 degree of freedom, 3.841 would be seen as significant, it may be imputed that even in this area, the null hypothesis is void and participation in the Program appears to have

contributed to the developmental process.

In Area II, Perceptual Function or the ability to make use of sensory information including response behavior based on perceptual clues, the result was 120.66 in contrast to the critical 3.841 of the null hypothesis. Here, and in the other three areas which follow, participation in this highly individualized Bridge To School Program would appear to be of marked significance in fostering the development of academic capacities. The test value for Area III, Competence in Learning for Short Term Retention was 185.30 while for Area IV, Language Competence or the ability to use language as a meaningful signal for "organized response" the test result was at 264.82.

In the final section of the test, Area V, Cognitive Functioning or the recognition of distance and objectivity as well as the capacity to filter out the non-essential characteristics of a test situation, the test score was 772.79, perhaps the most marked reading.

As the test values indicate, most children in the Bridge Program improved on a statistically significant basis in the various developmental areas, thus accomplishing the major program objective. The Program in operation, as observed during the on-site visits, provided the stipulated small group and individualized instruction to the participants. Goals were set for each child in consultation with the aforementioned medical-education teams. Children were removed from their regular classrooms for the Bridge To School instruction twice a week and materials and lessons in reading and math were developed in accordance with the individual goals. Both teacher-made and commercial materials, as noted earlier in thie report,

were used. Adequate work space was limited in a few locations and there were some team-member personality difficulties but in the main, an air of cooperation dominated throughout the Program.

Section IV. Summary of Findings, Conclusions and Recommendations

What can be imputed from these findings is the degree of impact of individualized recognition, encouragement and reinforcement of successful learning patterns on learning disabled children with inherent developmental capacities. These children, the larger percentage of them most probably, have been helped to overcome a historically conditioned failure syndrome by positive affirmation and reaffirmation of their achievements which appear to become, over time, self-reinforcing and cumulative. The data here appear to corroborate the experience of other studies undertaken with individualized attention in both physical and academic skills areas at older age levels, provided the inherent capacities for growth and development are present. From the anecdotal material collected by the teachers as well, it would appear that the impact of personalized positive learning relationships, which has been recognized as a significant factor with non-disabled children is of major significance for learning disabled children as well. Both the data and the on-site visit observations appear to attest to the achievement of the initial Bridge Program objectives in assisting the developmental progress of the Program children. The recommendation would be that a continuation and expansion of the Bridge To School Program be undertaken with the Program's experience, materials and methodology serving as a basis for incorporating a larger number of children into a planned, gradually expanded Program which must continue to provide the needed individualized attention.

Section V. Program Abstract (also # 32 - MIR Form)

The Bridge To School Program was designed as a new component to supplement and extend the scope of an ongoing early childhood developmental program, the "Readiness Program" which has been in existence for a number of years. The Bridge To School Program provided individualized attention and instruction to a specially selected group of learning disabled children between the ages of 5 and 7 in order to develop their reading and mathematical skills. In total, 154 children who had been evaluated by special clinical medical-educational teams and cited as having high potential to benefit from the individualized instruction were served by this Program. The instruction, under the supervision of a teacher-coordinator, involved 7 specially selected teachers trained in learning disabilities and special education, utilizing a combination of teacher-created and commercial learning materials at 16 designated sites which included hospital work areas and clinics as well as special classrooms within schools.

Using The Psychoeducational Evaluation of the Pre-School Child as a program evaluation instrument, administered when the child was admitted to the program and again at the end of participation, the evaluation procedure attempted to determine whether improvement of the children in various developmental skills would show a statistically significant difference between pre and post-test inventory scalings. From the data collected, the following Chi Squares were obtained for the components. In Area I, Physical Functioning and Sensory Status, the test result was 33.84. Since at a p of .05, with 1 degree of freedom, 3.841 would be seen as significant, it may be imputed that even in this area, the null hypothesis is void and participation in the Program appears to have

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Appendix

Queens General Hospital
Mt. Sinai Hospital
Maimonides Hospital
Brookdale Hospital
Kings County Hospital
Brooklyn Psychiatric Clinic
St. Vincent's Hospital
Fordham Hospital
Jewish Board of Guardians
Martin Luther King,Jr. Health Center
Montefiore-Morrisania Health Care Center
Einstein College of Medicine
Long Island College Hospital
N.Y.U. Department of Child Psychiatry
Montefiore Hospital
Elmhurst City Hospital
Gouverneur Hospital
Roosevelt Hospital
Harlem Hospital
Babies' Hospital

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Urban and Community Programs Evaluation
Albany, New York 12234

MAILED INFORMATION REPORT FOR CATEGORICALLY AIDED EDUCATION PROJECTS

SECTION III

1974-75 School Year

Due Date: July 15, 1975

SED Project Number | 3 | 0 | 7 | 5 | 0 | 0 | | 7 | 5 | | 0 | 0 | 2 | | |

BE Function Number (N.Y.C. only) | 0 | 9 | 5 | 9 | 6 | 0 | 4 |

Project Title Bridge To School Program

School District Name NYC Board of Education, Division of Special Education & Pupil Personnel Services

School District Address 110 Livingstone Street - Room 302

Brooklyn, New York 11201

Name and Title of Person Completing this form:

Name Charles R. Laudor

Title Consultant - Evaluator

Telephone Number 914 (Area Code) 636-0736

Date this form was completed June / 23 / 1975

Measures of growth other than Standardized Tests

31. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 26, 27, 28, or 29, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code	Activity Code	Objective Code	
6 0 8 1 2 6 0 9 1 2	7 1 5	8 0 1	30

Brief Description The evaluation instrument used was The Psychoeducational Evaluation of the Pre-School Child (Jedrysek,Klapper,Pope and Wortis)published by Grune & Stratton,administered when child was admitted to program and again at end of participation. See # 32, Program Abstract for procedural details,etc.

Number of cases observed: 1 5 4 Number of cases in treatment: 1 5 4

Pretreatment index of behavior (Specify scale used): Test consists of five developmental areas, each consisting of a number of subsections, scaled according to the number of correct responses

Criterion of success: Improvement of the children in various developmental skills would show a statistically significant difference,pre to post-test scalings

Was objective fully met? Yes [X] No [ ] If yes, by what criteria do you know? Chi Square tests of five developmental areas statistically significant plus teacher-medical team observations and evaluations,Summary of statistical outcomes as follows:

Area	Description	X^2	significant or not significant (P.05)
I	Physical	33.84	Significant
II	Perceptual	120.66	Significant
III	Comp.Learn	185.30	Significant
IV	Lang.Comp.	264.82	Significant
V	Cognitive	772.79	Significant

Comments: See #32,Program Abstract

32. Program Abstract: Please provide an abstract of your project, including aspects of the project which account for highly positive results. Provide a summary of the findings in relation to the objectives, as well as a description of the pedagogical methodology employed.

33. Date activities began 9/1/74 (Mo. Day Yr.) Date activities will terminate 6/30/75 (Mo. Day Yr.)

34. Project time span (check one): 1[X] School Year 2[ ] Summer 3[ ] 12 Mos. 4[ ] More than 1 year

35. Project is: 1[X] New 2[ ] Resubmitted 3[ ] Continuation (Title III only)

A. If project is resubmitted, please indicate number of years operated:

[ ] 2 years [ ] 4 years

[ ] 3 years [ ] 5 or more years